

ISSUE SLIP STAPLE AREA (for additional cross references)

| POSITION          | INITIALS | ID NO. | DATE    |
|-------------------|----------|--------|---------|
| E DETERMINATION   | A.H.     | 18192  | 1/12/99 |
| I.P.E. CLASSIFIER |          | 59     | 119     |
| ORMALITY REVIEW   | KS       | 7172   | 1-26    |

### INDEX OF CLAIMS

✓ ..... Rejected  
 = ..... Allowed  
 - (Through numeral)... Canceled  
 + ..... Restricted  
 N ..... Non-elected  
 I ..... Interference  
 A ..... Appeal  
 O ..... Objected

| Date |
|------|
| 1    |
| 2    |
| 3    |
| 4    |
| 5    |
| 6    |
| 7    |
| 8    |
| 9    |
| 10   |
| 11   |
| 12   |
| 13   |
| 14   |
| 15   |
| 16   |
| 17   |
| 18   |
| 19   |
| 20   |
| 21   |
| 22   |
| 23   |
| 24   |
| 25   |
| 26   |
| 27   |
| 28   |
| 29   |
| 30   |
| 31   |
| 32   |
| 33   |
| 34   |
| 35   |
| 36   |
| 37   |
| 38   |
| 39   |
| 40   |
| 41   |
| 42   |
| 43   |
| 44   |
| 45   |
| 46   |
| 47   |
| 48   |
| 49   |
| 50   |

| Claim | Date     |
|-------|----------|
| Final | Original |
| 51    |          |
| 52    |          |
| 53    |          |
| 54    |          |
| 55    |          |
| 56    |          |
| 57    |          |
| 58    |          |
| 59    |          |
| 60    |          |
| 61    |          |
| 62    |          |
| 63    |          |
| 64    |          |
| 65    |          |
| 66    |          |
| 67    |          |
| 68    |          |
| 69    |          |
| 70    |          |
| 71    |          |
| 72    |          |
| 73    |          |
| 74    |          |
| 75    |          |
| 76    |          |
| 77    |          |
| 78    |          |
| 79    |          |
| 80    |          |
| 81    |          |
| 82    |          |
| 83    |          |
| 84    |          |
| 85    |          |
| 86    |          |
| 87    |          |
| 88    |          |
| 89    |          |
| 90    |          |
| 91    |          |
| 92    |          |
| 93    |          |
| 94    |          |
| 95    |          |
| 96    |          |
| 97    |          |
| 98    |          |
| 99    |          |
| 100   |          |

| Claim | Date     |
|-------|----------|
| Final | Original |
| 101   |          |
| 102   |          |
| 103   |          |
| 104   |          |
| 105   |          |
| 106   |          |
| 107   |          |
| 108   |          |
| 109   |          |
| 110   |          |
| 111   |          |
| 112   |          |
| 113   |          |
| 114   |          |
| 115   |          |
| 116   |          |
| 117   |          |
| 118   |          |
| 119   |          |
| 120   |          |
| 121   |          |
| 122   |          |
| 123   |          |
| 124   |          |
| 125   |          |
| 126   |          |
| 127   |          |
| 128   |          |
| 129   |          |
| 130   |          |
| 131   |          |
| 132   |          |
| 133   |          |
| 134   |          |
| 135   |          |
| 136   |          |
| 137   |          |
| 138   |          |
| 139   |          |
| 140   |          |
| 141   |          |
| 142   |          |
| 143   |          |
| 144   |          |
| 145   |          |
| 146   |          |
| 147   |          |
| 148   |          |
| 149   |          |
| 150   |          |

If more than 150 claims or 10 actions  
staple additional sheet here

(LEFT INSIDE)

BEST AVAILABLE COPY